

Department of Corrections' Report Treatment Options for Geriatric and Psychiatric Patients

Purpose

SF 510, Sec. 25, passed by the 84th General Assembly, 2011 Session, required a study on the development and establishment of behavioral treatment options for geriatric and psychiatric patients under the control of the Department of Corrections (DOC) to provide maximum treatment opportunities while achieving fiscal efficiencies.

The following agencies were involved in a meeting and/or consulted about recommendations for the required report: Department of Human Services, Department on Aging, Department of Public Health, Department of Inspections and Appeals, Board of Parole, and the Department of Corrections (DOC).

Background Information

To establish a common understanding of the issue, several reports were developed that provided the committee with information about the geriatric and psychiatric offenders/patients under the control of the DOC. Those reports are attached.

The agencies developed options to maximize treatment and long-term living opportunities while achieving fiscal efficiencies. Before listing the opportunities, it is important to list Iowa's current treatment continuum for geriatric or psychiatric patients.

- Independent living
- Home with long-term living and community support services
- Group homes (supported community living)
- Family Life Home – is a State Supplemental Assistance program to provide a protective family living arrangement for an adult. This program provides a family home for adults who are not able or not willing to maintain themselves adequately in an independent living arrangement. In exchange for payment, the family provides the adult with a private room, board, laundry, supervision, and personal assistance. The family offers the adult opportunities for participation in the social, cultural, educational, and other activities of the household.

- Assisted Living Programs – Provision of housing with services, which may include but are not limited to health related care, personal care, and assistance with instrumental activities of daily living, to three or more tenants in a physical structure, which provides a home-like environment. Includes encouragement of family involvement, tenant self-direction and tenant at participation in decisions. [Iowa Code section 231C.2(2)].
- Residential Care Facilities – are institutions, places, buildings, or agencies providing accommodation, board, personal assistance and other essential daily living activities for a period exceeding 24 consecutive hours. Individuals living in a residential care facility are unable to sufficiently or properly care for themselves because of illness, disease, or physical or mental infirmity, but do not require the services of a registered or licensed practical nurse, except for emergencies. [Iowa Code section 135C.1(17)].
- Nursing Facilities - means an institution or a distinct part of an institution housing three or more individuals not related to the administrator or owner within the third degree of consanguinity, which is primarily engaged in providing health-related care and services, including rehabilitative services, but which is not engaged primarily in providing treatment or care for mental illness or mental retardation, for a period exceeding twenty-four consecutive hours for individuals who, because of a mental or physical condition, require nursing care and other services in addition to room and board. [Iowa Code section 135C.1(13)].
- Skilled nursing facilities – are federally certified nursing facilities, or designated part of a facility, that provides 24 consecutive hours of specialized services to persons that require nursing care under the direction of nurses.
- Subacute beds (very limited)
- Hospitals – are places which are devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care over a period exceeding twenty-four hours of two or more nonrelated individuals suffering from illness, injury, or deformity, or a place which is devoted primarily to the rendering over a period exceeding twenty-four hours of obstetrical or other medical or nursing care for two or more nonrelated individuals, or any institution, place building or agency in which an accommodation is primarily maintained, furnished or offered for the care over a period exceeding twenty-four

hours of two or more nonrelated aged or infirm persons requiring or receiving chronic or convalescent care [Iowa Code section 135B.1(3)]. In practice hospital placements are general for acute conditions and lengths of stay are relatively short.

(Not part of the continuum, but providing similar services are the institutions of the Department of Corrections.)

Recommendations:

After review of the data and current treatment continuum, the agencies made the following conclusion:

- The State should consider a multi-level approach to the problem of geriatric and psychiatric patients within the Department of Corrections. The approach should provide each person with the best opportunity for long-term success, both in patient and financial terms. This approach would include the private sector, public and private partnerships, and government provided services and include:
 - Use dedicated secure wings of private sector nursing homes to house a portion of the identified patients to insure the safety of other residents. The level of risk for all parties needs to be understood in advance of any placement.
 - Use existing Mental Health Institute (MHI) space for particular defined services but do not make the service part of the DHS mental health system.
 - Specifically designed and financed apartments for a group of offenders/patients that are in need of assisted living.
 - Expanding sub-acute beds – formerly known as ‘swing beds’ for long term care.
 - Use of case management, independent living options and home and community services.
 - Use of Corrections space if feasible.
- The multiple level approach includes the following opportunities that reflect the specific needs of the patients identified and provide the greatest opportunities for success for the geriatric and psychiatric patients under DOC care.
 - Establish Memorandums of Understanding (MOUs) with expectations and costs for any selected approach.
 - Explore if Iowa privately-owned nursing homes have more or less flexibility than chain nursing homes deciding who is housed in their facility.
 - Explore the capacity of Iowa’s Aging Network.

- Explore capacity of substance abuse residential treatment programs to provide sub-acute treatment services for offenders/patients with co-occurring mental health and substance use disorders.
- Address public concerns about any change in placements.
- Consider recommendations of the Mental Health System Redesign Workgroups and the Iowa's Aging Network Redesign efforts for some of the psychiatric patients noted in this report.
- Consider the impact any systemic changes may have on the geriatric and mental health issues facing DOC, such as:
 - Need for more psychiatrists, psychologists, Licensed Social Workers (LISWs), Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs).
 - Include the issue of substance abuse and dual diagnosis among the studied population as part of any proposed improvements.
 - Bring community providers and office of the State Long Term Care Ombudsman into the criminal justice reentry initiatives earlier in the transitional process.
 - Increase the number of local behavioral health providers.